

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<small>FILING DATE</small> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
							<small>APPLICANT(S)</small> <div style="border: 1px solid black; padding: 2px;">09/92648A</div>						
<small>3-14-05</small> <b>CLAIMS</b>													
	<small>AS FILED</small>		<small>AFTER 1st AMENDMENT</small>		<small>AFTER 2nd AMENDMENT</small>								
	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>		<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>	<small>IND.</small>	<small>DEP.</small>
1							51						
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40							90						
41							91						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL</b>							<b>TOTAL</b>						
<b>TOTAL</b>							<b>TOTAL</b>						
<b>TOTAL</b>							<b>TOTAL</b>						
<b>CLAIMS</b>							<b>CLAIMS</b>						